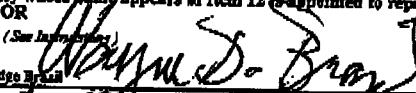


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSELSY (5-02)

1. CIR/DIST/DIV. CODE CAN		2. PERSON REPRESENTED HOLLOWAY, KENNETH E.		VOUCHER NUMBER																																																																																											
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CR-07-00344-CW		5. APPEALS DKT./DEF. NUMBER																																																																																											
7. IN CASE/MATTER OF (Case Name) UNITED STATES v. HOLLOWAY		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other... <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other... <input type="checkbox"/> Appellant																																																																																											
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 21:841(A)(1) AND 841(B)(1)(B)(II); 18:922(G)(1), 18:924(C)(1)(A)																																																																																															
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix). AND MAILING ADDRESS J. FRANK MCCABE 500 SANSOME ST., STE 212 SAN FRANCISCO, CA 94111																																																																																															
Telephone Number 415-397-1757 X15																																																																																															
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) GOORJIAN & MCCABE 500 SANSOME ST., STE 212 SAN FRANCISCO CA 94111																																																																																															
15. COURT ORDER 13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)  Mag. Judge Brian J. Tracy Signature Of Presiding Judicial Officer Or By Order Of The Court 11/15/07 Date Of Order 9/19/2007 Next Pro Time Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																															
16. CATEGORIES (attach itemization of services with dates)																																																																																															
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CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheet. I swear or affirm the truth or correctness of the above statements.</td> </tr> <tr> <td colspan="6">Signature Of Attorney _____ Date _____</td> </tr> <tr> <td colspan="6">23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOT. AMT. APPR./CERT.</td> </tr> <tr> <td colspan="6">28. 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